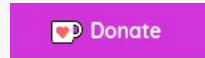


Dr. Mike Yeadon: Without Question, C19 Injections CAUSE the Majority of the Injuries Experienced and Occasionally Reported

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Evidence of causation using Bradford-Hill criteria (accepted by the WHO) Easier to disprove causality then to prove it. Only need to prove one of these points wrong to cast doubt – the onus is on the WHO and the Manufacturers	
Strength	1. Efficacy data for Moderna shows SAR 83 (percent) (11 reporting) - highly significant. 2. Pfizer Phase 3 doses administered versus adverse events to VAEs gives a very high correlation coefficient R = 0.98. 3. Pfizer Fully vaccinated (Open World Data) versus AEs (VAERs) Jan 2021 - 2022 R = 0.94
Consistency	Looking at whether the vaccines cause ADRs. All 3 main regulatory agencies (FDA, EMA, MHRA) are all seeing >1million reports since January 2021. Never happened before within a year
Specificity	Specific healthy populations 1. Athletes: 183 professionals and coaches collapsed with 108 dead. Background: 5/year 2. Children and myocarditis. Background rate 1/100K; 12-15 = 116/100K; 16-17 = 120/100K; 18-24 = 134/100K. All by 30.8.21 (CDC Data)
Temporality	The cause occurs before the consequence and if there is a shorter time frame the case is stronger. 1. Clot formation = 50% within 48hours 2. Anaphylaxis = 87% within 24hours; 92% within 48hours 3. Anaphylaxis Children 5-11 = 73% within 24hours; 84% within 48hours
Biological Gradient	Dose-response relationship. Myocarditis (inflammation of the heart muscle), by age group and dose, children especially boys see 4x higher reporting rate. Accumulation effect of shots by the second dose. More that you give them and a shorter time between doses shows the cumulative effect of dose.
Plausibility	Biological plausibility. Spike protein has clearly been pronounced cytotoxic; encasing NLP (especially their cationic fats) are highly toxic to cells to the membrane on entering and once inside. Modifications: 2 proteins are substituted. Urindies replaced by pseudo-urindies. Lipid & spike stays around for a long time. Companies Pfizer has caused many harms with large legal payouts; Moderna known for its unsafe technology.
Coherence	Does it make sense that (Rivacoxin) can cause B (AEs). There are 10,910 codes for VAEs SE for Covid vaccine products 1. Bell's Palsy 2016-2020 almost nothing; 2021 10,000+ cases. This is backed up by case reports
Experiment	RCTs can be done but adverse event data collection can also be used as evidence. 1. VAEs AEs 2021: Non-covid = 2631; Covid = 798,460. 2. VAEs Death 2021: Non-covid = 36; Covid = 12,635 Many studies have shown strong indicators of signal dangers; strong indicators of immune deficiencies in some populations
Analogy	Has this happened in history before? VAEs showed the link between Intussusception and the Rotavirus vaccine which was pulled in 1999. Acute encephalopathy (permanent brain injury) and MMR vaccine, injuries seen more in boys if given <18 months old.
Reversibility	If the shots are stopped will the ADRs stop? Dis-regulation and Dysfunction of the Immune system will show through, but we do not know in who. We will not know if they are unsafe until we stop giving them. If there are L-T SEs, the AE reporting will continue to rise in spite of a halt in the rollout. As a conservative estimate the under-reporting to VAEs means to calculate an actual x 31!

<https://www.ukcolumn.org/article/taking-on-the-mhra-part-1>

By [Dr. Michael Yeadon](#) April 27, 2023

It's very commonly said by bad actors and by people ignorant about causation analysis that "Correlation does not equal causation", as if that means "You can disregard MHRA Yellow Card and FDA VAERS reports".

That's not at all what the saying means. It means precisely what it says, that you shouldn't AUTOMATICALLY assume causation just because there are reports of harms after exposure to these injections. But you shouldn't AUTOMATICALLY disregard the possibility of causation, either.

There's a matching but more or less never used phrase: "Where there is causation, there will be correlation". So what these enormous numbers of reports of injuries and deaths post c19 injections demand is done, by way of follow up, is to explore how strong is the evidence of causation.

There are widely accepted methods for conducting such an analysis, in the form of the Bradford Hill criteria. These are accepted by WHO as well as by the medicines regulators.

If just five of the ten Bradford Hill criteria are met, causality is accepted. Here's the kicker. ALL TEN (10) of the Bradford Hill causality criteria are met for the c19 injections in relation to the adverse effects reports. It's DEFINITELY causation.

Without question, these injections CAUSE the majority of the injuries experienced and occasionally reported. It's acknowledged in peer-reviewed journal articles that only a small minority, between 1-10%, of adverse events experienced after taking a prescribed medication are reported. This is for a variety of reasons.

Often the person doesn't link the events so they never consider reporting it. Other times they do suspect causation but someone else, such as their family doctor, dismisses such a claim and they give up. Many people believe that side effects only occur soon after exposure to a toxic substance occurs.

While it's true that some kinds of toxicity occur shortly after exposure (such as acute allergic reactions) others, by their nature, can take weeks, months, or even years to manifest themselves (such as heart damage, autoimmunity, cancer, etc).

Please take a look at the article, both to understand how dreadfully badly served we are currently by MHRA and especially to at least scan these causality criteria. They're well thought through but they're not high science. Anyone with reasonable linguistic abilities will be able to follow the examples given.

In closing, the author points out that MHRA knows perfectly well that the gene-based injections have caused tremendous harms, and if they claim not to know this, they will have had to not look at their own data. It's that blatant.

Of course, they're not telling the public, because they've been captured by those I call the perpetrators. They might be complying with strict orders or they might be enthusiastic supporters of what's going on.

Please onboard enough information to be able to inform others of the risks and to push back on the lazy "Correlation is not causation" trope.

Best wishes and thanks!

Mike

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